

## City of Statesboro Human Resources Office

P.O. Box 348 Statesboro, Georgia 30459

912.764.0683 912.489.6140(Fax)

Thank you for your interest in employment with the City of Statesboro, Georgia. The City is an equal opportunity employer and a drug free workplace.

It is the policy of the City to employ the best-qualified work force available. All applicants are considered for employment on an individual basis without regard to race, national origin, color, sex, age, religion, creed, political affiliation, or physical handicap.

Please complete the employment application providing <u>all the requested information</u> and a resume. Attach additional sheets as necessary. Submit the application to the Office of Human Resources, 2<sup>nd</sup> floor, City Hall, Monday through Friday from 8:30 a.m. to 5:00 p.m. or mail completed application to City of Statesboro, Human Resources, P. O. Box 348, Statesboro, GA 30459.

For additional information concerning employment opportunities with the City of Statesboro, please contact the Director of Human Resources, at 912.764.5468.



## APPLICATION FOR EMPLOYMENT CITY OF STATESBORO P.O. Box 348

P.O. Box 348 Statesboro, GA 30459 (912) 764-5468



The City of Statesboro is an equal opportunity employer and will not discriminate, or tolerate discrimination, against any employee or applicant in any manner prohibited by law.

**Instructions:** *Complete* a separate application form for each position you are applying for, unless otherwise specified. An employment application, unless otherwise specified, will be accepted only when a specific position opportunity notice is posted on the job vacancy board or City of Statesboro website, or advertised in various publications. **Complete the application in its entirety.** Print clearly or type your responses using black or blue ink. **Resumes will not be accepted in lieu of completion of this application for employment. Incomplete applications will not be processed.** 

Position applied for:	_Social Security Number:
Please write your name as it appears on your social security card:	
Name:	
Last	First Middle
Address:	Home Phone #:
Number Street	Apt. #
	Business Phone #:
City State	Zip Code
Email Address:	Cell Phone #:
Please list any other name(s) you have used for school of	or employment:
Have you ever worked for the City of Statesboro?  Yes No If yes, indicate when and in which department(s) below:	Are you at least 18 years of age? Yes No  Do you have a valid driver's license? Yes No  State of Issuance:
Are you related to any person currently employed by the City of Statesboro? Yes No   If yes, indicate name, relationship, and department	Driver's License Number:
Ever applied with the City of Statesboro? Yes No If so, When? Which Dept?	License Number: Date of Issuance:
Have you ever served on active duty with U.S. Armed Forces? YesNo  Dates of Duty: FromTo  Type of Discharge:  Final rank:	Please list your desired salary:  Have you ever been fired, or resigned in lieu of termination? Yes No  If yes please explain:
Employment desired:  □ Full-Time □ Temporary □ Seasonal	Can you provide the documents required to prove that you are authorized to work in the United States? Yes No

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							Nar	ne	City	State
	List S	pecial	Trair	nina (Bu	ısiness. Tı	rade. V	ocational. Arme	d Force	es Schools, etc.) be	elow:
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Previous Employer					Employer:		
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						Telephone Number:	
Hours per Week			Your Job Title:				
			nor		Supervisor's Name and Title:		
Starting Salary \$per			реі _		Passan For Landing Position		
Ending Salary \$per			per		Reason For Leaving Position:		
Snec	ific Dut	ioe.					
Specific Duties:							
Number of Employees supervised (if appl							
May v	we conta	act this	emplo	yer reg	arding	your work record? YesNo	
Previous Employer					Employer		
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Have	vou ev	er beer	n convi	cted of	or plea	d guilty to a felony or other crime? Yes No If yes, explain fully.	
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Have you been convicted of or plead guilty to any traffic-related offense within the past five years? Yes No							
						ify an applicant from employment.) <b>If yes, explain fully.</b>	
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State any additional information you feel may be helpful to us in considering your application.
How did you learn about this opening?
If you require special accommodations for testing, interviewing, or any portion of the application or employment process, please contact the City of Statesboro Human Resources Department. Any request for special accommodations should be made, if at all possible, at the time your appointment is scheduled. If any accommodation is requested, the applicant must provide verification from an appropriate professional.
CERTIFICATION: (Please read the application and your answers carefully before signing.)
I certify that the facts and information set forth in this application are true and complete to the best of my knowledge. I understand that any falsification, misrepresentation, or omission of facts on this application (or any required documents) will be cause for denial of employment or immediate termination of employment, regardless of when or how discovered.
I authorize investigation of all statements contained in this application as may be necessary in arriving at an employment decision. I understand that an investigation may be made and information may be obtained through interviews with personal references and past employers, a criminal history check and/or a driver's record check. I consent to this investigation and to the consideration of any statements of references, former employers or others that are given in response to the inquiry.
I hereby release all parties, including but not limited to the City of Statesboro personal references and previous employers, from liability for any injury or damage that may result from their furnishing information concerning me or any action the City of Statesboro takes on the basis of such information.
This application for employment shall be considered active until the position is filled. At the conclusion of this time, if I have not heard from the City, but still wish to be considered for employment, it will be necessary for me to complete a new application for employment.
I understand that if offered employment, the offer is contingent on my passing a pre-employment drug screen, a pre-employment medical examination and a pre-employment psychological examination (if applicable). By signing this application, I voluntarily agree to submit to a pre-employment drug screen, pre-employment medical examination and psychological examination (if applicable) upon receipt of a verbal offer of employment. I understand that failure to pass any of these examinations will result in the withdrawal of the employment offer.
I understand and acknowledge that, unless otherwise defined by applicable law, any employment relationship with the City of Statesboro is of an "at will" nature, which means that I may resign at any time and the City of Statesboro may discharge me at any time with or without cause or notice.
I have read and reviewed the information provided in this application and the above statements. By signing this application for employment I certify that I understand all parts of it and have answered all questions completely and fully.
Applicant's Signature Date
FOR OFFICE USE ONLY
ICA DMMQ LRED LREX LRS Other

Created: 06-09-10 Revised: 10-08-10